



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 7351

SERIAL NUMBER 10/645,268	FILING OR 371(c) DATE 08/21/2003 RULE	CLASS 220	GROUP ART UNIT 3727	ATTORNEY DOCKET NO. 3177 P 425
------------------------------------	---	---------------------	-------------------------------	--

APPLICANTS

Stephen Alan Smith, Naperville, IL;
 Dawn Ellen Huston, Lindemburst, IL;
 Warren Giles Wiedmeyer, Trevor, WI;
 Stephen William Sullivan, Round Lake Beach, IL;
 Rich Matthew Chin, Lincolnwood, IL;
 Mohammed Maqsood Ahmed, Niles, IL;
 John Stewart Gitschlag, Chicago, IL;
 David Raymond Langelan, Oak Park, IL;
 Rajendra Ranjitbhai Chauhan, Skokie, IL;
 William Edward Hurst, Lisle, IL;
 James Tam Joines JR., Gurnee, IL;
 Kevin Ray Smith, Round Lake Beach, IL;
 Mark Gerald Anhalt, Franklin, WI;
 Bryce G. Rutter, St. Louis, MO;
 Brian C. Bone, St. Louis, MO;
 Heath A. Doty, Richmond Heights, MO;

**** CONTINUING DATA ******* *PAK*

This application is a DIV of 09/923,763 08/06/2001 PAT 6,732,875

**** FOREIGN APPLICATIONS ******* *PAK*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

**** 11/14/2003**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY IL	SHEETS DRAWING 4	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
--	---	-------------------------------	----------------------------	---------------------------	--------------------------------

ADDRESS

Paul J. Nykaza, Esq.
 Wallenstein Wagner & Rockey, Ltd.
 53rd Floor
 311 South Wacker Drive
 Chicago, IL 60606-6630

TITLE

Reclosable container lid

FILING FEE RECEIVED 1200	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
------------------------------------	---	--

	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Credit _____